



**BUREAU OF  
BUSINESS MANAGEMENT  
2600 Bull Street  
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*July 17, 2006*

**Mini-Grant Application No. 30414-08/14/06-MAR**

**Closing Date: August 14, 2006**

**Closing Time: 5:00 PM EST**

Mini-Grant Application for rural health clinics and federally qualified health centers to promote system changes in health care setting and assure quality of care through participation in the South Carolina Reducing Healthcare Disparities Collaborative.

Applications must be submitted showing the following application number: **Mini-Grant Application No. 30414-08/14/06-MAR**

**Applications must be typewritten or PRINTED**

**\*Mail Mini-Grant Applications to:**  
SC DHEC  
Division of Procurement Services  
2600 Bull Street  
Columbia SC 29201  
Attn: Michelle Robinson, CPPB

**Hand deliver and/or Express Mail to:**  
SC DHEC  
Division of Procurement Services  
2600 Bull Street  
Columbia SC 29201  
Attn: Michelle Robinson, CPPB

**Mini-Grant Applications may be \*faxed to (803) 898-3505 or \*e-mailed to [robinsma@dhec.sc.gov](mailto:robinsma@dhec.sc.gov)**

**\*The SC DHEC assumes no responsibility for unmarked, incorrectly marked envelopes, partial faxes or undelivered a-mails being considered for award.**

An official authorized to bind the grantee to the terms of the grant application must sign the application

Questions concerning any part of this grant application should be directed to Michelle Robinson, CPPB, Procurement Specialist at (803) 898-3469.

## **Intent**

The South Carolina Department of Health and Environmental Control (SCDHEC), Bureau of Chronic Disease Prevention & Health Promotion and the Division of Cardiovascular Health (CVH) announce the opportunity to apply for fiscal year (FY) 2006-2007 funds.

The purpose of this Mini-Grant is to solicit applications from Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) to promote systems change in health care settings and assure quality of care through participation in the South Carolina Reducing Healthcare Disparities Collaborative. Applications are sought that will enhance the efforts of RHC and FQHC to provide standardized, evidence-based care to patients with cardiovascular disease and cardiovascular disease risk factors, e.g., hypertension and high cholesterol as well as address how culture impacts care provided to and received and perceived by patients.

## **Background of the Division of Cardiovascular Health**

The Division of Cardiovascular Health (CVH) is building a comprehensive statewide program to address cardiovascular disease prevention and control using multilevel approaches that will focus on policy and environmental change. CVH and its partners in health care, communities, schools, and worksite settings are supporting activities that are leading to improved cardiovascular health and treatment of cardiovascular disease.

## **Eligible Applicants**

Eligible applicants are certified Rural Health Clinics and Federally Qualified Health Centers in South Carolina. Applicants are encouraged to apply in order to participate in the South Carolina Reducing Healthcare Disparities Collaborative and to use clinical patient information systems to provide standardized, evidence-based care to patients with cardiovascular disease.

## **Priority Populations**

Preference will be given to applications that address underserved populations with demonstrated disparities in cardiovascular health status (e.g., socioeconomic status, gender, geographic, racial/ethnic).

## **Available Funding and Contract Period**

1. Available Funding: \$40,000 is available to fund awards. Applicants can apply for a maximum of \$7,500. The targeted date for announcement of the awards is September 1, 2006.
2. Initial Contract Period: Contracts awarded under this Mini-Grant will be effective for the initial period of September 1, 2006 or when a Purchase Order has been issued and ending on June 29, 2007.
3. Total Contract Period: Services will stop on June 29, 2007. If new funding is made available, the award may be amended to include the future services thru June 29, 2008.

New funding will be contingent on: (1) the level of satisfactory progress as evidenced by submission of reports, invoices and participation during the original contract period and (2) submission of a detailed activities timeline and budget for the new funding period.

4. **Compensation:** Funds will be paid to grantees as invoices are received for expenses incurred. Invoices must be submitted on at least a quarterly basis.
5. **Method of Payment:**
  - a. Payments for services purchased by DHEC shall be made only after the services have been provided. In very rare, extenuating circumstances, advance payment may be approved but only after a thorough evaluation of the justification, which must be in writing.
  - b. Program must justify why advance payment is required. Otherwise, payment can only be made after the services have been provided.

**Advance Payment Conditions:**

- 1) Upon receipt by the Contractor of a fully executed Contract, an initial advance payment invoice may be submitted to DHEC for the estimated amount needed for the first month. Advance payment must be based on estimated expenditures by the recipient for no more than the first 30-day period.
  - 2) The second invoice must document the use of advance payment and only bill DHEC for expenditures over the advanced amount.
  - 3) Future invoices will request reimbursement for actual expenditures by DHEC categories.
- c. All invoices for services provided thru June 29, 2007 must be received in DHEC by July 15, 2007. If new funding is made available; all invoices for services rendered under the new funding period will be due to DHEC by July 15, 2008.
  - d. All services listed within this Contract are to be completed. In the event that all services are not fully rendered as provided for in the Contract, any monies that have been paid by DHEC under the Contract must be refunded to DHEC

## **Scope of Service**

A goal of CVH and its partners is to promote early and aggressive treatment of cardiovascular disease with a focus on addressing disparate populations. This Mini-Grant seeks to address this goal by supporting and building the capacity of providers who use established disease care models to assure that they provide quality, evidence-based, culturally appropriate care to their patients with cardiovascular disease.

The focus of this Mini-Grant is on the following strategies: (1) the development of clinical information systems to support evidence-base care, (2) the promotion of system change in physician office settings through participation in the South Carolina Reducing Healthcare

Disparities Collaborative, and implementation of Culturally & Linguistically Appropriate (CLAS) Services standards within office settings.

**1) Clinical Information Systems:** Clinical information systems, or electronic health records, provide quick and easy access to patient data in order to aid providers in their efforts to provide timely and evidence-based patient care. Providers have identified lack of resources as a barrier to securing the hardware and software necessary to develop and support clinical information systems. The applicant is expected to describe the current status of their clinical information system and detail the approach that will be used to develop clinical information systems within their office.

**2) State Level:** The South Carolina Reducing Healthcare Disparities Collaborative is modeled after Collaboratives developed by the Institute for Healthcare Improvement. The Collaborative will consist of three team-based learning sessions over the course of nine months. Teams are comprised of three to five selected members from each office. During the learning session, teams will hear from process and clinical experts on how to improve their quality of care. After each session, teams will test small changes and measure the impact of those changes. The teams will share lessons learned, barriers, and successes throughout this time. The Carolinas Center for Medical Excellence (CCME) will facilitate the Collaborative. The collaborative approach has been used by CCME within the hospital, nursing home, home health and physician office settings and has proven to be successful at impacting outcomes and promoting systems change. CCME is a physician-sponsored, nonprofit healthcare quality improvement organization and has been designated by the Centers for Medicare & Medicaid Services (CMS) as the Quality Improvement Organization (QIO) for South Carolina.

## **Applicant Requirements and Program Monitoring**

Grantees will be required to meet the following expectations in connection to contracts awarded under this Mini-Grant.

**1) Personnel:** A practice based staff person must be identified as the contact person. Grantees will also designate at least three staff members to participate as a team in the South Carolina Reducing Healthcare Disparities Collaborative. Ideally, Collaborative teams should consist of members who hold these roles

- The **senior leader** should be a person with the ability to provide overall support, including the allocation of resources for the project. The senior leader connects the team's activity to the organization's mission and promotes the spread of the team's work to other parts of the organization.
- The **clinical champion** should be a physician or clinical staff person with interest and expertise in care of the patient with cardiovascular disease in the primary care setting. The clinical champion believes strongly in the need for improvements and is willing to try innovative ideas and to work with others to learn and improve care.
- The **day-to-day leader** should have the time and commitment to move the project forward. The day-to-day leader manages the team, arranges team meetings, and assures

that tests of change are being completed and that data are collected.

**2) Support:** Support for participation in the South Carolina Reducing Healthcare Disparities Collaborative must be documented through a letter of support from senior management, i.e., Executive Director and Medical Director.

**3) Collaborative Participation:** The Clinic must participate in the South Carolina Reducing Healthcare Disparities Collaborative that requires the following activities:

- a. Form a team of at least three to five people;
- b. Register for the first of three, one day Collaborative meetings called Learning Sessions;
- c. Complete activities outlined in a "pre-work packet" of preparatory materials;
- d. Sign *Permission to Release* forms, which allows CCME to release practice name and activity accomplishments to DHEC and consolidates reporting activities for grantees. No patient-specific data or other confidential information will be released;
- e. Attend three learning sessions held in Columbia, SC during 2006-2007;
- f. Identify a population of patients that will be the focus of your Collaborative activities;
- g. Actively share your progress through monthly reports, listserv participation and data submission;
- h. Attend monthly teleconferences to share your results with and learn from other participating facilities and the Collaborative leadership.

**4) The Doctor's Office Quality - Information Technology (DOQ-IT):** Participate in CCME's Doctor's Office Quality - Information Technology (DOQ-IT) project. This is a national initiative, promoting the adoption of electronic health records (EHRs) and Information Technology (IT) in physicians' offices. The project aims to increase access to patient information, decision support, and reference data, as well as to improve communications between patients and clinicians. CCME will provide free services with participation in DOQ-IT: help in evaluating the needs and capabilities of your practice; education on features, functionality and purchasing options of EHRs; objective information and assistance with vendor selection and advice on refining processes and office workflow to improve efficiencies and patient care. Benefits of participation include: enhanced knowledge of available technology from an objective and reliable source; understanding of how to achieve optimal use of technology (Patient Data, Clinical Decision Support, Pay for Performance) and access to the latest innovations in health information technology.

**5) Reporting:** Grantees will receive training in reporting methods via one or all of the following methods: email, telephone calls, conference calls, site visits and learning sessions. Monthly reports will be due to CCME. Invoices will be due to DHEC.

Grantees must sign a form for CCME to report Collaborative data to CVH.

## Application Review and Content

**1) Application Review:** A peer review committee from the Carolinas Center for Medical Excellence, the Office of Rural Health, the South Carolina Primary Health Care Association and the South Carolina Department of Health and Environmental Control will review applications. Each application will be evaluated and scored based on criteria in item #2. The number of evaluation points available for each criterion is in parentheses.

**2) Application Content:** Please complete the following chart and submit to the address on page one (additional pages can be attached).

### Application Criteria (100 points)

Proposal Narrative (50pts.)	Response
Letter of support from your clinic's senior management (i.e., medical director, chief executive officer). (5 points)	
Describe your practice. Include information about number of providers, type of providers, population served and area served. (Not to exceed 200 words) (5 points)	
Describe how this grant can support improved clinical efficiency and delivery of care. Include barriers that exist for your practice. (Not to exceed 200 words) (20 points)	

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<p>Identify and describe staff members who will serve as a team and participate in the state level Chronic Disease Collaborative</p> <ul style="list-style-type: none"><li>• Senior Leader</li><li>• Clinical Champion</li><li>• Day to day leader</li><li>• Others</li></ul> <p>Indicate number of patients this team serves. <b>(10 points)</b></p>	<ul style="list-style-type: none"><li>• Senior Leader:</li><li>• Clinical Champion:</li><li>• Day to Day Leader:</li><li>• Others:</li><li>• Number of patients this team currently serves:</li></ul>
<p>Include a measurable evaluation plan for assuring participation in learning sessions, completion of collaborative activities, report submission, invoice submission and overall success of activities. <b>(10 points)</b></p>	

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**Timeline (25pts.)**

Submit a timeline for the grant period, September 1, 2006 through June 29, 2007. Describe your planned activities for each month (purchase computer/printer, register for collaborative, complete collaborative pre-work, attend collaborative learning session, monthly submission of reports, monthly submission of invoices, etc.).

Activities	Date	Person(s) Responsible

**Budget (25pts.)**

Submit a budget detailing what you will spend and how you will spend it. Applicants must include budget items for travel and time for trips to Columbia, SC for at least three designated staff members to attend the Collaborative learning sessions offered through June 29, 2007 (reimbursement limited to standard state rate in effect at time of contract). **The following activities are not eligible for funding: capital or operating expenses or debt retirement, equipment/supplies for general non-related operations (such as copier, fax machine) and procedures, diagnostic medical testing and pharmaceutical purchases.**

Budget Category (Equipment, Travel, Personnel)	Item(s)	Quantity	Amount
			\$



## **TERMS AND CONDITIONS**

1. Contractor must agree to make positive efforts to use small and minority owned businesses and individuals. DHEC Form 128 is for use in providing this information.
2. None of the work or services covered by this Contract shall be subcontracted without the prior written approval of DHEC.
3. Any change to this Contract is considered an amendment to the contract, which must be mutually agreed to and executed in the same manner as the contract.
4. Records with respect to all matters covered by this Contract shall be retained by the Contractor for 6 years after the end of the Contract period, and shall be available for audit and inspection for any time such audit is deemed necessary by DHEC. If audit has begun but is not completed at the end of the 6-year period, or if audit findings have not been resolved at the end of the 6-year period, the records shall be retained until resolution of the audit findings.
5. Termination Clauses:
  - a. Subject to the provisions contained below, this Contract may be terminated by either party providing written notice of that intent to the Contractor 30-days in advance.
  - b. Funds for this Contract are payable from State and/or Federal and/or other appropriations. In the event sufficient appropriations are not made to pay the charges under this Contract, it shall terminate without any further obligation by DHEC.
  - c. DHEC may terminate this Contract for cause, default or negligence on the part of the Contractor at any time without thirty days advance written notice.
6. The Contractor certifies that he/she is not an employee of a South Carolina State Agency.
7. No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this contract on the grounds of race, age, health status, handicap, color, sex, religion or national origin. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DHEC.
8. Each of the parties agrees to maintain professional, malpractice and general liability insurance, and may be required to provide the other with satisfactory evidence of such coverage. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its respective employees.
9. The Contractor certifies that it will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of this contract.
10. Contractor's travel expenses, including room and board, incurred in connection with the services described in Scope of Service, will be limited to reimbursement at the standard State rate in effect during the period of this agreement and will be included within the

maximum amount of the contract.

11. Neither party shall be liable for any claims, demands, expenses, liabilities and losses (including reasonable attorney's fees) which may arise out of any acts or failures to act by the other party, its employee or agents, in connection with the performance of services pursuant to this contract.
12. The agreement and any dispute, claim, or controversy related to the agreement shall, in all respects, be interpreted, construed, enforced and covered by and under the laws of the state of South Carolina. All disputes, claims or controversies relating to the agreement shall be resolved in accordance with the South Carolina Procurement Code, Section 11-35-10, et. Seg., and the contractor agrees to subject himself to the jurisdiction and process of the courts of the State of South Carolina
13. Contractor certifies that they have not been debarred or suspended under OMB Circular A-133 Compliance Supplement or otherwise from doing business with any governmental entity.
14. DHEC shall have sole ownership and copyright for any tangible product (report, survey, film, etc.) developed under this contract.
15. All services listed within this Contract are to be completed. In the event that all services are not fully rendered as provided for in the Contract, any monies that have been paid by DHEC under the Contract must be refunded to DHEC.
16. All Contractors (subrecipients), except for-profit entities, whose fiscal year ends after December 31, 2003, shall have a single or program-specific audit conducted for that fiscal year if they expend \$500,000 or more in Federal awards from all sources during their fiscal year in accordance with the provisions of Office of Management and Budget (OMB) Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, dated June 27, 2003.

The Audit shall be completed and submitted within the earlier of 30 days after receipt of the auditor's reports(s), or nine months after the end of the audit period. The Contractor (Subrecipient) agrees to send one copy of any audit conducted under the provisions of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, dated June 27, 2003, to: **SC DHEC, Office of Internal Audits, 2600 Bull Street, Columbia, SC 29201**

Entities which are audited as part of the State of South Carolina Statewide Single Audit are not required to furnish a copy of that audit report to DHEC's Office of Internal Audits.

Non-Federal entities that expend less than \$500,000 a year in total Federal awards, from all sources, are exempt from the Federal audit requirements of OMB Circular A-133 for that year, but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and General Accounting Office (GAO).

A Contractor (Subrecipient) is prohibited from charging the cost of an audit to Federal Awards if the contractor expended less than \$500,000 from all sources of federal funding in the contractor's fiscal year. If the contractor expends less than \$500,000 in federal funding from all sources in the contractor's fiscal year, but obtains an audit paid for by non-federal funding, then DHEC requests a copy of that audit to be sent to: **South Carolina Department of Health and Environmental Control (DHEC), Bureau of Chronic Disease Prevention and Control, Division of Cardiovascular Health, 2600 Bull Street, Columbia, SC 29201**

As a Subrecipient, if you utilize an indirect cost rate, you must provide:

- a. a copy of the approved indirect cost rate letter from your federal cognizant agency.  
OR
- b. an indirect cost rate **reviewed and approved** by an external auditor in accordance with GAAP.

Otherwise, only direct charges will be allowed under the terms and conditions of this contract.

Contractors who are not required to obtain a single or program specific audit may be required to obtain limited scope audits if the quarterly compliance reports, site visits and other information obtained by the department raise reasonable concern regarding compliance with contract conditions. Such engagements may not be paid for by DHEC pass through funds.

Contractors who expend any funds obtained from, or passed through DHEC, must provide quarterly compliance reports outlining the status of the project, compliance with the scope of services and documentation of expenditures to the proper program area of DHEC. The Contractor is subject to site visits from DHEC in an effort to monitor compliance.

17. The Contractor agrees to abide by DHEC's policy of confidentiality, which states that all information as to personal facts and circumstances given or made available to employees/volunteers and/or contractors of DHEC in administration of programs shall be held confidential and shall not be divulged without consent of the programs and services and individual(s) to which it pertains. Confidential agency information and action shall not be divulged.

Certain information received by DHEC may not be released pursuant to the Family Privacy Protection Act. Information that is otherwise available to the public under the Freedom of Information Act may be released in accordance with State law. Should information identify a DHEC client or employee, it may not be released outside of the agency except upon receipt of a properly completed authorization signed by the individual or his/her parent or guardian. If information is released pursuant to the receipt of a properly completed authorization, documentation of the release must be maintained. A copy of the authorization must be included in this documentation.

Protected Health Information generally cannot be released except pursuant to a proper authorization by the client or his/her parent or guardian, or pursuant to a specific exception under the Health Insurance Portability and Accountability Act (45 CFR Parts

160 and 164). DHEC may conduct routine audits of health records to ensure compliance with this procedure.

Any unauthorized disclosure of confidential information may result in termination of this contractual relationship with DHEC and may be grounds for fines, penalties, imprisonment, civil suit, or debarment from doing business with the State.

The Contracting Party shall immediately notify the District Medical Director and DHEC HIPAA Privacy Officer of any possible breach of privacy or security of DHEC client's protected health information under the HIPAA Privacy Rule or applicable state law that occurs in the course of performing this Agreement.

The Contracting Party and employees/agents of the Contracting Party will be required to sign DHEC's Confidentiality Agreement (DHEC form #0321), a copy of which is attached hereto. Alternatively, if the Contracting Party desires to rely upon an existing Confidentiality Agreement signed by its employees/agents, a copy of the Confidentiality Agreement must first be provided to the DHEC Contract Officer for evaluation, and the Contracting Party must provide verification that all employee/agents obtaining access to DHEC confidential information in the course of performing this agreement have executed the Confidentiality Agreement

18. The provisions of the Contract are contingent upon any possible revision of State or Federal regulations and requirements governing grant listed in Compensation Section of the Contract.
19. Title to any equipment, goods, software, or database whose acquisition cost is borne wholly or in part by this contract shall vest in DHEC upon acquisition.
20. The parties agree that during the term of this Contract, each party shall maintain its respective federal and state licenses, certifications, and accreditations required for the provision of services therein.
21. Prior to participating in any DHEC clinical activity or rendering any service to DHEC under this Agreement, the Contracting Party and employee/agents of the Contracting Party will be educated and trained regarding the Health Insurance Portability and Accountability Act of 1996 and related Regulations pertaining to the privacy and security of protected health information (the HIPAA Privacy Rule.) The Contracting Party will provide documentation of successful completion of this training to the Contract Officer prior to initiating performance of this Agreement. If this training has not been conducted, or documentation of training has not been provided, the Contracting Party and its employees/agents will be required to view DHEC's HIPAA training video(s) and receive necessary instruction on the DHEC forms referenced in the training prior to initiating performance of this Agreement.

**DHEC Confidentiality Agreement**

I understand that the South Carolina Department of Health and Environmental Control (DHEC) has a legal and ethical responsibility to maintain confidentiality of information as to personal facts and circumstances of DHEC employees, clients, or other citizens given or made available to DHEC in administration of the agency's programs and services.

DHEC's Confidentiality Policy states that Information about personal facts and circumstances of DHEC employees, clients and other citizens will be kept confidential and will not be disclosed without the individual's written authorization, except as required by law or as required to perform agency responsibilities. Protected Health Information that identifies an individual generally cannot be released unless properly authorized by the client or his/her legal representative, or pursuant to a specific exception under the Health Insurance Portability and Accountability Act (45 CFR Parts 160 and 164). The Family Privacy Protection Act and other state and federal laws may place additional limitations on disclosure of personal information.

Information that is made available to the public under the Freedom of Information Act must be disclosed in accordance with State law. However, the Freedom of Information Act protects information of a personal nature such that public disclosure would constitute an unreasonable invasion of privacy. The types of information that generally must be kept confidential include, but are not limited to: protected personal information of job applicants or DHEC employees, vital records information, social security numbers, and health information that identifies individuals.

I understand that during the course of my employment, volunteer services, or contract performance with DHEC, I may see or hear confidential information and/or protected health information.

By signing this agreement, I understand and agree that I will not disclose confidential information or protected health information unless the disclosure complies with DHEC policies and is required to perform my responsibilities. I will not access or view any information other than what is required to do my job. If I have any questions about whether I need access to certain information, or whether certain information should be disclosed, I will immediately ask my supervisor for clarification.

I will not discuss any confidential information or protected health information obtained in the course of my relationship with DHEC with any person or in any location outside of my area of responsibility in DHEC, except as otherwise required or permitted by law. I will not make any unauthorized copy or disclosure of this information, or remove or transfer this information to any unauthorized location.

I agree that my obligations under this Agreement regarding confidential and protected health information will continue after termination of my employment/volunteer assignment/contract affiliation with DHEC.

I understand that violation of this Agreement may result in termination of my volunteer, contractual and/or work relationship with DHEC and may be grounds for disciplinary action, fines, penalties, imprisonment or civil suit to be brought against me.

I have read the above Agreement and agree to comply with all its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Work Location: \_\_\_\_\_